HCFA-AT-81-34 (BPP) Revision:

1.0-81

State Guam

Citation

Prohibition Against Reassignment of 4.21

42 CFR 447.10(c) AT-78-90 46 FR 42699

Provider Claims

Payment for Medicaid services furnished by any provider under this plan is made only in accordance with the requirements of 42 CFR 447.10.

82-1 Supersedes TN #

Approval Date

20/82 Effective Date 7/1/8/